

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/556726

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.
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50				
TOTAL IND.		↓	4	↓
TOTAL DEP.	←	10	←	←
TOTAL CLAIMS		14		

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.
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99				
100				
TOTAL IND.		↓		
TOTAL DEP.	←	14	←	←
TOTAL CLAIMS				